

# MAYOR OF LONDON

**Caroline Clarke**

Regional Director for London  
NHS England

**Mike Cooke**

Chair  
North Central London Integrated Care Board

**Phill Wells**

Interim Chief Executive Officer  
North Central London Integrated Care Board

**Date:** 13 March 2024

Dear Caroline, Mike and Phill,

**The Mayor of London's six tests assessment of proposed changes to maternity and neonatal services in North Central London (NCL)**

I am writing to set out my current position on proposals to reconfigure maternity and neonatal services in NCL.

This consultation marks an important moment of public accountability, and Londoners need to be assured that a service reconfiguration of this nature will demonstrably improve a set of clearly articulated issues without simultaneously creating new, avoidable ones.

I use my six tests framework to form an independent, evidence-based view on major proposed health and care service reconfigurations in London. I am thankful to the Nuffield Trust for applying this framework to current proposals through its independent review, which I commissioned in December 2023. A copy of the review is attached to this letter.

Below, I have set out my position and recommendations as related to the first four tests; additional detail can be found in the Nuffield Trust's independent review, and my key recommendations are collated in a table at the end of this letter. As plans develop further, I would like to see these implemented so that benefits for Londoners are maximised. Following the publication of the final plans in the decision-making business case, I will share my updated position against all six tests.

# MAYOR OF LONDON

## **Test 1: Inequalities**

Through my review, I am assured of your strong ambition to tackle maternity and neonatal inequalities. My review highlighted many positive aspects, notably your intention to equitably redistribute resources to tackle inequalities; your clear, locally contextualised understanding of how maternal health status inequalities negatively affect the healthy life expectancy gap within NCL; your transparency about variations in current service configuration across NCL; and your careful approach to understanding the travel impact of proposals on different population groups through a meaningful travel cost analysis.

However, in two key areas, I am not yet assured. The first is how you will achieve your ambition to tackle maternity and neonatal inequalities. My review did not find sufficient evidence in the consultation documents and the wider supplementary information that the main baseline health care inequalities within your current maternity and neonatal services and pathways of care are known and that the reasons for them are understood. Without understanding the locally contextualised baseline health care inequalities and developing associated targeted improvement initiatives, it is not clear how the proposals will lead to a step-change.

The second is how you will maximise opportunities to tackle workforce inequalities. The London Assembly Health Committee's review into maternal health and care in London found that the midwifery and maternity support workforce in London is more ethnically diverse than in the rest of the UK, but staff from minority ethnic groups are more likely to face discrimination, be disciplined, and are less likely to be promoted. These issues are not unique to NCL, but current and future capacity needs for birthing suites and neonatal cots are only feasible if staffing levels are sufficient, so I would like to be assured that NCL is committed to moving further and faster on being actively anti-racist and is using a reconfiguration of this nature to maximise opportunities to tackle workforce inequalities that affect recruitment and retention.

I would, therefore, like to see clear evidence that you have done the following:

- Used disaggregated local data to identify and understand reasons for the key baseline health care inequalities within current services and pathways of care;
- Described quantifiable commitments and targeted interventions for reducing these as well as the metrics that will be used to track progress; and
- Demonstrated how the options appraisal process has been influenced by opportunities to improve the inequalities baseline and improve support for maternity staff from ethnic minority groups, including strengthened anti-racist initiatives.

Metrics should seek to understand how process indicators are related to outcomes so intervention efforts can be focussed where they are likely to have the greatest impact. At a minimum, these should all be disaggregated for ethnicity and deprivation, and where data abilities are limited, I would like to see a commitment to rectify this. The preferred option should demonstrate the greatest potential for improving the baseline inequalities and the least risk of widening them.

Implementing these recommendations may have the added benefit of supporting your emerging work with the NHS Race and Health Observatory Learning and Action Network on maternal and neonatal health outcomes – I understand that this is focussed on sharing learning on addressing key drivers of unequal healthcare outcomes to support the development of new, equitable policy recommendations for maternity providers.

# MAYOR OF LONDON

## **Test 2: Beds**

Through my review, I am assured that there will not be a net reduction in bed capacity across London. My review has identified several positive aspects, notably your well-evidenced rationale to close the stand-alone midwifery-led Edgware Birth Centre; your thoughtful approach to repurposing the future physical space available at Edgware Birth Centre; and your early engagement with the NHSE Workforce and Transformation Head of School for Obstetrics and Gynaecology to discuss the impact of proposals on training posts, with commitment to ongoing care and attention around this area.

However, in three key areas, I am not yet assured. The first relates to modelled population need and whether this is truly in line with demographic projections. My review highlights that the current modelling approach may underestimate future births and neonatal complexity. If left untested, this could impact future beds and workforce planning across London; therefore, I would like to know if there is a material impact when sensitivity checks are carried out on the current approach.

The second relates to wider planning conversations taking place with North West London Integrated Care System (NWL ICS) and whether these are being informed by relevant modelling. My review highlights that demand projections have not been modelled on people living in the impacted areas of NWL (Harlesden and Willesden), where higher maternal and neonatal complexity is expected, so providers in NWL ICS may not be appropriately resourced to cater for the relevant population need. If left untested, this could impact future beds and workforce planning within NWL ICS and could also widen the baseline inequalities for this population group. Therefore, I would like to see additional modelling based on the people living in the impacted areas of NWL, with confirmation that this is being used to inform conversations with providers in NWL and that these providers will have sufficient resources to cater for the relevant population needs. If need-related resource gaps are identified, I would like to know how these will be addressed.

The third relates to the potential impact on wider hospital services and whether this impact has been robustly explored. My review highlights an opportunity to better understand the knock-on effects resulting from the removal of obstetrics services and potential relevant allied services. I would therefore like to see additional modelling carried out as plans develop to understand this impact.

## **Test 3: Finance**

I am aware that NHS England has assessed both options for the future model of care and has agreed the capital and revenue requirements entailed by both are affordable, but I would like independent assurance of this, which my review has not been able to provide me with.

Two key areas concern me. The first relates to ongoing costs incurred by the organisation losing services and the current lack of detail about how these stranded costs will be managed across the local health economy. The second relates to the unquantified and unresolved risk of unfunded provider costs in NWL, as described previously under Test 2.

I would like you to confirm how stranded costs will be managed across the local health economy, provide further detail on financial flows across the wider health economy, and confirm whether funding in NWL is in place at provider level to meet the population needs of people living in Harlesden and Willesden; this should be informed by the additional modelling requested.

# MAYOR OF LONDON

## **Test 4: Social Care**

Through my review, I was pleased to see several positive aspects highlighted, notably the significant engagement that has taken place in NCL with local authorities and wider partners and the strong ambition for the future model of care to enable improved care integration for all Londoners, not just those living in NCL.

Related to care integration, my review identified that it was not always clear within the proposals whether opportunities to improve join-up between ICS-led and local authority-led neonatal and maternity services (such as Health Visiting) were ready to be implemented or were aspirational, requiring further work. A better join-up of services for all, not just those living in NCL, must be a key benefit realised under the future model. I would therefore like to see the details of plans already in place to achieve this, and an indication of further work that is needed.

## **Summary of key recommendations**

<b>Inequalities</b>
Provide clear evidence that you have used disaggregated local data to identify and understand the main baseline health care inequalities within the current services and pathways of care. Where data abilities are limited, I would like to see a commitment to rectify this.
Describe quantifiable commitments for reducing these inequalities, targeted interventions that will enable a step change and the metrics that will be used to track progress.
Demonstrate how the options appraisal process has been influenced by opportunities to improve the inequalities baseline and opportunities to improve support for maternity staff from ethnic minority groups, including strengthened anti-racist initiatives.
<b>Beds</b>
Perform sensitivity checks on the approach to modelling future births and neonatal complexity.
Perform additional modelling based on people living in the impacted areas of NWL ICS, confirm that this modelling has been used to inform conversations with providers in NWL and demonstrate that these providers will have sufficient resource to cater for the relevant population need. If need-related resource gaps are identified, I would like to know how these will be addressed.
Perform additional modelling to robustly explore the knock-on effects resulting from removal of obstetrics services and potential relevant allied services; use this to demonstrate the impact on wider hospital services.
<b>Finance</b>
Confirm how stranded costs will be managed within the local health economy.
Provide further detail on financial flows across the wider health economy and confirm that funding is in place at NWL provider level to meet the needs of people living in Harlesden and Willesden, informed by the additional modelling requested.
<b>Social Care</b>
Provide details for plans in place to achieve better join up between ICS led and local authority led neonatal and maternity services, for people living in all ICSs affected by the changes. Highlight where further work is needed.

Thank you for the opportunity to comment on these proposals and for your thoughtful and collaborative approach to working with my review team – feedback the Nuffield Trust has passed

# MAYOR OF LONDON

on to me. I will make this letter and the accompanying independent review publicly available on the Greater London Authority website in the next few days.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Sadiq Khan', with a small '2' written below the name.

**Sadiq Khan**

Mayor of London

Cc: Sarah Mansuralli, Chief Strategy and Population Health Officer and Interim Deputy Chief Executive Officer, North Central London Integrated Care Board  
Cllr Pippa Connor, Chair, North Central London Joint Health Overview and Scrutiny Committee  
Martin Machray MBE, Executive Director of Performance, NHS England – London  
Jane Clegg MBE, Chief Nurse, NHS England – London  
Dr Chris Streater, Medical Director, NHS England – London  
Geoff Alltimes, Independent Co-Chair, London Estates and Infrastructure Board  
Dr Michael Gill, Chair, London Clinical Senate  
Ali Parsons, Deputy Director – Service Integration, NHS England – London